

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/664165

FILING DATE

APPLICANT(S)

5/27/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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8						
9						
10						
11						
12	1					
13		1				
14		2				
15		2				
16		1				
17	1					
18		1				
19		2				
20		2				
21		2				
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50						
TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						